



CROW TRIBE ENROLLMENT APPLICATION

The applicant must be at least $\frac{1}{4}$ or 25% Crow blood to enroll with the Crow Tribe, according to the 1953 Census. (For more information, please see Ordinance 53-22). Enrolled members qualify for certain benefits through the tribe, including per capita payments (for more information, please see Resolution 2000-43).

DIRECTIONS: This application requires all components completed to the best of the applicant's or parents' knowledge. Each part contains its recommendations; please read and follow them carefully to facilitate the application process. **Applications submitted with inadequate information or missing components will not be accepted.** For an application to be acceptable, the following details must be included (if applicable):

- Completed Enrollment Application Checklist, signed and dated by applicant or parent/legal guardian if the applicant is a minor
- Identification and Contact Form
- Family tree, reaching back three generations (applicant's great-grandparents) **INCLUDE A COPY OF EACH ENROLLED PARENTS BIRTH CERTIFICATE.**
- Marriage License or Proof of Paternity (required if parents are not married; if the father signed proof of paternity after six months of applicant's date of birth, a **DNA required**)
- Certified Birth Certificate of Applicant's (**Enrollment will NOT accept PHOTOCOPIES or LIVE birth certificate**)
- Tribe Affiliation Form, applicable if applicant's parent enrolled in another tribe
- For an underage applicant without natural parents, a Legal Guardian Court Order document is required.

If you have questions while completing this application, please direct your questions to the Enrollment Department. You can reach us through the following means:

Phone: 406-638-2178 or 406.679.2455

Email: CrowEnrollment@crow-nsn.gov

Mail: Crow Tribe Enrollment

P.O. Box 159

Crow Agency, MT 59022

Thank you,

Yolanda Turnsplenty,
Crow Enrollment Director

Enrollment Application | Checklist

DIRECTIONS: As the applicant (or applicant's parent/legal guardian) completes the components of this application, please initial in the corresponding fields below within the "Checklist" section. Once all fields have been initialed to indicate completion, the applicant (or applicant's parent/legal guardian) must sign and date the "Acknowledgement" section to confirm that the information provided in this application is true.

Checklist	
Component	Initials (to indicate completeness)
CERTIFIED BIRTH CERTIFICATE With the parent(s) listed. Informational copies, photocopies, any birth certificate without the parent listed are NOT used.	
MARRIAGE CERTIFICATE Must be furnished by Ordinance 53-22. A Birth Certificate showing the name of a person as the FATHER cannot be the only support of paternity	
UNMARRIED PARENTS: A NOTARIZED PATERNITY STATEMENT Must be furnished to establish the fact	
APPLICANT'S MOTHER/FATHER ENROLLED IN ANOTHER TRIBE A written verification of Blood Degree and CIB from the Tribe where he/she is enrolled must be furnished and a written letter stating applicant is not enrolled nor has a pending application with said Tribe	
Acknowledgement	
I certify that all required components, document, and information is enclosed as part of this application and is true to the best of my knowledge. I also understand that if the application is incomplete, the Enrollment & Per Capita department has the right to not process this application.	
<div style="display: flex; justify-content: space-between;"><div>_____ (SIGNATURE OF APPLICANT -OR- PARENT/LEGAL GUARDIAN)</div><div>_____ (DATE)</div></div>	

REMEMBER:

GETTING YOUR CHILD ENROLLED AS A MEMBER OF THE CROW TRIBE IS THE RESPONSIBILITIES OF THE PARENTS OR LEGAL GUARDIAN BY ORDINANCE. THE BURDEN OF PROOF IS ON THE APPLICANT.

Proof of Enrollment Application | Identification and Contact

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

SEX: _____ DATE OF BIRTH: _____ PHONE: _____

YOU MUST SUBMIT TO THIS OFFICE A CERTIFIED BIRTH CERTIFICATE. THE BIRTH CERTIFICATE MUST SHOW THE NAME OF THE NATURAL PARENTS.

PLACE OF BIRTH:

CITY	COUNTY	STATE
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FATHER'S NAME: _____

MOTHER'S NAME: _____

A COPY OF THE MARRIAGE CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION. IN CASE OF UNMARRIED PARENTS, IN ORDER FOR THE APPLICANT TO BE CONSIDERED FOR ENROLLMENT WITH THE BENEFIT OF THE FATHER'S DEGREE OF INDIAN BLOOD. YOU MUST SUBMIT TO THIS OFFICE A NOTARIZED AFFIDAVIT ESTABLISHING PATERNITY. A MARRIAGE CERTIFICATE AND/OR NOTARIZED AFFIDAVIT WILL BE THE DOCUMENTS USED TO ESTABLISH PATERNITY.

Enrollment Application | Tribe Affiliation Form

ARE ANY OF THE PARENTS ENROLLED IN ANOTHER TRIBE? _____ YES, _____ NO. IF YES, YOU MUST FURNISH A WRITTEN VERIFICATION OF BLOOD DEGREE. A WRITTEN VERIFICATION OF NON-ENROLLMENT OF APPLICANT'S PARENT'S TRIBE.

COMPLETE THE FAMILY ANCESTRY CHART ON THE NEXT PAGE TO THE BEST OF YOUR KNOWLEDGE AND ABILITY.

ALL DOCUMENTS SUBMITTED BECOME THE SOLE PROPERTY OF THE CROW TRIBE AND WILL NOT BE REPRODUCED OTHER THAN FOR THE USE OF THE CROW TRIBE. THE ORIGINAL DOCUMENTS WILL BE VERIFIED AND RETURNED BY THE ENROLLMENT CLERK. THE CERTIFIED COPY WILL NOT BE RELEASED FOR ANY OTHER USE UNLESS A WRITTEN FORM IS SIGNED BY THE APPLICANT, IN ACCORDANCE WITH THE PRIVACY ACT.

THE APPLICANT VERIFIES THAT THE REQUIRED DOCUMENTS ARE TRUE AND CORRECT, ANY INFORMATION FRAUDULENTLY SUBMITTED WILL JEOPARDIZE THE ENROLLMENT PROCESS AND MAY BE USED FOR REMOVAL OF THE APPLICANT FROM THE MEMBERSHIP ROLLS.

DATE _____ SIGNATURE _____

PLEASE DO NOT WRITE IN SPACE BELOW – FOR OFFICE USE ONLY

NAME AND ID NUMBER

CROW TRIBE

FATHER: _____

ID NUMBER: _____

MOTHER: _____

ID NUMBER: _____

Great Grandfather
Enroll #:
Blood Degree:

Grandfather
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

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Great Grandmother
Enroll #:
Blood Degree:

Great Grandfather
Enroll #:
Blood Degree:

Grandmother
Enroll #:
Blood Degree:

Great Grandmother
Enroll #:
Blood Degree:

Father
Enroll #:
Blood Degree:

APPLICANT
Enroll #:
Blood Degree:

Mother
Enroll #:
Blood Degree:



NOTE: If father is not listed on the Birth Certificate, Crow Tribal Enrollment will not acknowledge father for the applicant.

I CERTIFY THAT THE BLOOD DEGREE'S SHOWN ARE
ACCORDANCE WITH THE 1953 BASE ROLLS

CROW ENROLLMENT RESEARCH CLERK

DATE



MONTANA DEPARTMENT OF
PUBLIC HEALTH & HUMAN SERVICES
VITAL RECORDS & STATISTICS BUREAU
PO BOX 4210
HELENA, MT 59604-4210

PATERNITY
ACKNOWLEDGMENT

PLEASE TYPE OR PRINT CLEARLY USING A BALL POINT PEN

CHILD'S NAME (First, Middle, Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CITY OF BIRTH	HOSPITAL	
MOTHER'S NAME (First, Middle, Last (MAIDEN SURNAME))	MOTHER'S DATE OF BIRTH	
MOTHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	MOTHER'S RACE	MOTHER'S SOCIAL SECURITY NUMBER
FATHER'S NAME (First, Middle, Last)	FATHER'S RACE	FATHER'S DATE OF BIRTH
FATHER'S ANCESTRY	Education (Elementary/Secondary) (0-12) College (1-4 or 5+)	FATHER'S SOCIAL SECURITY NUMBER
FATHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	FATHER'S OCCUPATION	FATHER'S PLACE OF EMPLOYMENT

BOTH PARENTS MUST SIGN BEFORE A NOTARY PUBLIC

We the natural mother and father, declare under penalty of perjury under the laws of the State of Montana that the following statements are true and correct. When completed and filed with the state registrar this Voluntary Declaration of Paternity establishes a father-child relationship identical to the relationship established when a child is born to married parents. **NOTICE TO BOTH PARENTS: THIS IS A LEGALLY BINDING DOCUMENT.** Upon signing this declaration, it becomes your duty under law to provide support and care for the child as the parent. Do not sign this declaration if you do not understand the legal effect of the document or you have doubts about the paternity of the child. If you wish to withdraw this Acknowledgement, you must do so within 60 days, or before a support or paternity order for the child is entered, whichever is earlier.

PLEASE PRINT/SIGN HARD USING A BALL POINT PEN

I certify that I am the natural mother. The above information is true and the man named above is the only possible father. I make this affidavit to name the natural father on my child's birth certificate. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Mother's Signature _____
Address _____
City, State, Zip _____
State of _____
County of _____
On this _____ day of _____

_____ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and she acknowledged that she executed it.

Notary Public

Residing at

My commission expires

(Seal)

I certify that the above information is true. I make this affidavit to show that I am the natural father on my child's birth certificate. I also understand that by acknowledging paternity of this child, I accept an obligation to provide child support under the laws of the State of Montana. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Father's Signature _____
Address _____
City, State, Zip _____
Phone Number _____
State of _____
County of _____
On this _____ day of _____

_____ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he acknowledged that he executed it.

Notary Public

Residing at

My commission expires

(Seal)

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
OFFICE OF VITAL STATISTICS

NOTICE OF WITHDRAWAL OF PATERNITY ACKNOWLEDGMENT

State of _____)

:SS.

County of _____)

I, _____, signed an acknowledgment of paternity
(Your name)
for _____ on _____
(Child's name) (Date)

A copy of this notice of withdrawal was provided to me with the paternity acknowledgment form. Having reconsidered my action signing the acknowledgment, I hereby withdraw, cancel and rescind my acknowledgment.

I understand that this withdrawal is useless and of no effect unless it is filed with the Montana Department of Public Health and Human Services within **60 days** of the date the paternity acknowledgment was signed, or before a support or paternity order for the child is entered, whichever is earlier. I understand that to file this document, I must present it in person to the department at the address below, or mail it to the department at the mailing address below so that it is received and available for filing with the department's vital records before the withdrawal period ends.

I further certify that I have provided a copy of this notice to the other party who signed the acknowledgment of paternity.

Date

Signature

SUBSCRIBED AND SWORN TO before me, a Notary Public for the State of Montana, on the date written above.

(SEAL)

Notary Public
Printed Name: _____
Residing at: _____
My Commission Expires: _____

INSTRUCTIONS FOR FILING THIS WITHDRAWAL NOTICE

You may file this document:

IN PERSON:
DPHHS
Office of Vital Statistics
111 Sanders St., Rm 6
Helena, MT 59620

BY MAIL:
DPHHS
Office of Vital Statistics
PO Box 4210
Helena, MT 59604-4210

Enrollment Application | Decision

ENROLLMENT OFFICE USE ONLY		
Application Complete or Incomplete	Date Entered	Enrollment Data Entree — Print Name and Sign
COMMENTS: <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>		
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> ACTION TAKEN (PLEASE INDICATE): </div> <div style="width: 70%;"> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <input type="checkbox"/> Incomplete <input type="checkbox"/> Tabled <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 30%; text-align: center;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> (DIRECTOR OF ENROLLMENT) </div> <div style="width: 30%; text-align: center;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> (ENROLLMENT COMMITTEE) </div> <div style="width: 30%; text-align: center;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> (ENROLLMENT COMMITTEE) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; text-align: center;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> (ENROLLMENT COMMITTEE) </div> <div style="width: 30%; text-align: center;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> (ENROLLMENT COMMITTEE) </div> <div style="width: 30%; text-align: center;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> (ENROLLMENT COMMITTEE) </div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Date of Enrollment Confirmation: <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> <div style="width: 45%;"> Degree of Quantum: <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> </div> <div style="margin-top: 10px;"> Enrollment Number: <div style="border-bottom: 1px solid black; width: 80%;">202U</div> </div>		